



In The United States Patent and Trademark Office

Serial Number: 10/080,855
Applicants: Kenneth Hu
Filing Date: 02/22/2002
Title: Method of Evaluating Security Trading Capacity

Examiner: M. Gones
Group Art Unit: 3628
Docket No.: USP1264A-KH2

3628\$
#4
11-10-03

Date: October 21, 2003

Submission Insufficient Filing Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the a communication from the Patent Office regarding Informality Regarding Payment of Fee, the applicant respectfully submits herewith a check in the amount of \$42.00 for the additional claims submitted on July 25, 2002.

The Commissioner is hereby authorized to charge or credit any overpayment to the following deposit account: Account Name: David and Raymond Patent Firm; Account No.: 502111.

Please accept these payments and continue the prosecution of the application. Thank you for your assistance.

Respectfully submitted,

Raymond Y. Chan
Reg. Nr.: 37,484
c/o 108 N. Ynez Ave., Suite 128
Tel.: (626)571-9812
Fax: (626)571-9813

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GROUP 3600

Certification of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner of Patents, Alexandria, VA 22313-1450," on the date below.

Mail Date: October 21, 2003

Signature:
Person Signing: Raymond Y. Chan

10/20/2003 BSAYASI1 00000051 502111 10000855
01 FC:2201 1.00 DA 42.00 OP



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
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P.O. Box 1450
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www.uspto.gov

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/080,855 | 02/22/2002 | Kenneth Hu | USP1264A-KH2 | 9736 |

7590 10/14/2003

RAYMOND Y. CHAN
1050 OAKDALE LANE
ARCADIA, CA 91006

EXAMINER

NGUYEN, NGA B

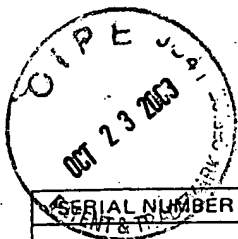
ART UNIT PAPER NUMBER

3628

DATE MAILED: 10/14/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| | | | |
|---------------|-------------|-----------------------|---------------------|
| SERIAL NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO. |
| | | | |

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| EXAMINER | |
| | |
| ART UNIT | PAPER NUMBER |
| | |

DATE MAILED:

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INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with ☐ the original filing fee ☐ the amendment filed 7/25/02 is indicated below.

A. FEE DUE

1. ☐ The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. ☐ The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. ☐ The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. ☐ The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ \$ 42.00 is due for additional claims.
5. ☐

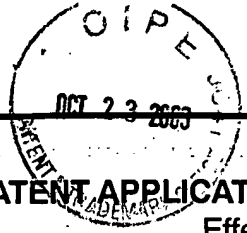
APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ \$ 42.00

B. EXCESS PAYMENT:

5. ☐ It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

M. Jones
CLERK OF GROUP



PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

USP 1264A-KH2

CLAIMS AS FILED - PART I

(Column 1)

OCT 30 2003

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| | | |
|---|---------------|--------------|
| TOTAL CLAIMS | 54 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 54 minus 20 = | 34 |
| INDEPENDENT CLAIMS | 3 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | 306 | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | 676 | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
|---|----------------------------------|----|------------------------------------|-------|---------------|
| | | | | | |
| Total | * | 54 | Minus | ** 54 | = 2 |
| Independent | * | 4 | Minus | *** 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | 18.00 | OR | X\$18= | |
| X42= | 42 | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | 49 | OR | TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
|---|----------------------------------|--|------------------------------------|-----|---------------|
| | | | | | |
| Total | * | | Minus | ** | = |
| Independent | * | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
|---|----------------------------------|--|------------------------------------|-----|---------------|
| | | | | | |
| Total | * | | Minus | ** | = |
| Independent | * | | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.